

**EMPLOYMENT RECORD.** Beginning with your most recent employment, list below your work experience. Attach additional sheets if necessary. Be specific and complete. IF JOB CONSISTED OF MORE THAN ONE MAJOR RESPONSIBILITY, PLEASE INDICATE WHAT PERCENTAGE (%) OF TIME WAS SPENT ON EACH RESPONSIBILITY. IF JOB INCLUDED SUPERVISORY RESPONSIBILITY, PLEASE INDICATE THE NUMBER AND TITLES OF EMPLOYEES SUPERVISED.

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**CURRENT OR MOST RECENT EMPLOYMENT**

Company_____	Monthly Salary_____
Address_____	Title_____
Duties: (See above instructions.)_____	From_____
_____	(month) (year)
_____	To_____
_____	(month) (year)
_____	Full-time_____ Part-time_____
_____	If part-time number of hours per week_____
Name of immediate supervisor_____	Are you still employed?_____
May we contact the company?_____	

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Company_____	Monthly Salary_____
Address_____	Title_____
Duties: (See above instructions.)_____	From_____
_____	(month) (year)
_____	To_____
_____	(month) (year)
_____	Full-time_____ Part-time_____
_____	If part-time number of hours per week_____
Name of immediate supervisor_____	

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Company_____	Monthly Salary_____
Address_____	Title_____
Duties: (See above instructions.)_____	From_____
_____	(month) (year)
_____	To_____
_____	(month) (year)
_____	Full-time_____ Part-time_____
_____	If part-time number of hours per week_____
Name of immediate supervisor_____	

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Company_____	Monthly Salary_____
Address_____	Title_____
Duties: (See above instructions.)_____	From_____
_____	(month) (year)
_____	To_____
_____	(month) (year)
_____	Full-time_____ Part-time_____
_____	If part-time number of hours per week_____
Name of immediate supervisor_____	

17. I hereby certify that this form contains no willful misrepresentation or falsification; that information given by me is true and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such, misrepresentation or falsification, my application may be rejected, my name may be removed from the employment list and I may be disqualified from applying in the future for positions in the civil service of the City of New Orleans.

**IMPORTANT: Check to see that you have completed each item accurately. Your examination grade may depend upon the information you have given.**

Signature\_\_\_\_\_

Date\_\_\_\_\_